

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>012792</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/19/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAIRFAX BEHAVIORAL HEALTH MONROE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>14701 179TH AVE SE MONROE, WA 98272</b>		
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L 000	<p>INITIAL COMMENTS</p> <p>STATE LICENSING SURVEY</p> <p>The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 Private Psychiatric and Alcoholism Hospitals, conducted this health and safety survey.</p> <p>Onsite dates: 12/18/18 to 12/19/18 Examination number: 2018-920</p> <p>The survey was conducted by:</p> <p>Surveyor #3 Surveyor #4 Surveyor #10</p> <p>The Washington Fire Protection Bureau conducted the fire life safety inspection.</p>	L 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following:</p> <p>The regulation number and/or the tag number;</p> <p>HOW the deficiency will be corrected;</p> <p>WHO is responsible for making the correction;</p> <p>WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and</p> <p>WHEN the correction will be completed.</p> <p>3. Your PLANS OF CORRECTION must be returned within 10 days from the date you receive the Statement of Deficiencies. Your Plans of Correction must be postmarked by 01/07/19.</p> <p>4. Return the ORIGINAL REPORT with the required signatures.</p>	
L 375	<p>322-035.1o POLICIES-HOUSEKEEPING</p> <p>WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (o) Maintenance and housekeeping functions, including</p>	L 375		

State Form 2567

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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L 375	<p>Continued From page 1</p> <p>schedules; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation and interview, the psychiatric hospital failed to ensure that staff used appropriate disinfectants for cleaning patient rooms.</p> <p>Failure to use an approved disinfectant for cleaning the patient's sleeping rooms puts patients and staff at risk of harm from infectious diseases.</p> <p>Findings included:</p> <p>1. On 12/18/18 at 9:15 AM, Surveyor #4 observed a member of the environmental services staff (Staff #401) as she cleaned a patient's sleeping room. The surveyor used a chemical test strip to assess the level of disinfectant present in both the bucket containing the microfiber cleaning cloths and the disinfectant spray bottle. The observation showed no detectable levels of disinfectant (a quaternary ammonium product) in either item.</p> <p>During an interview with the staff member at the time of the observation, she showed the surveyor the product she used to fill the containers. The disinfectant container was empty and she had substituted window cleaner. The surveyor and the staff member went to another housekeeping closet on the lower floor and found the correct product.</p> <p>2. On 12/19/18 at 9:40 AM, Surveyor #4 interviewed the Environmental Services Supervisor (Staff #402) about the improper use of product for room cleaning. The staff member</p>	L 375			

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L 375	Continued From page 2  stated that the product supply from the vendor was insufficient, but acknowledged that the staff member should have obtained the correct product from the other supply closet. .	L 375		
L 460	322-040.8B ADMIN RULES-PRIVILEGES  WAC 246-322-040 Governing Body and Administration. The governing body shall: (8) Require and approve professional staff bylaws and rules concerning, at a minimum: (b) Delineation of privileges; This Washington Administrative Code is not met as evidenced by: . Based on document review and interview the hospital failed to maintain provider privileges in compliance with the psychiatric hospital's Medical Staff bylaws.  Failure to assure that all staff have current privileges for the hospital where they are seeing patients puts patients at risk from substandard care and poor outcomes.  Findings included:  1. Document review of the Medical Staff Bylaws showed that the hospital grants provider privileges for a maximum of two years (24 months) between appointments.  On 12/19/18, Surveyor #4 reviewed credentialing files for 7 providers currently seeing patients at the psychiatric hospital. The review showed 2 of 7 providers were seeing patients currently although their privileges had expired. Two Advanced	L 460		

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L 460	Continued From page 3  Practice Registered Nurses (Staff #403, Staff #404) had appointment letters in their credentialing file that indicated their appointment period had ended in 1/2018 and 6/2018, respectively. A review of another provider's file showed that he had privileges granted for another location under the same hospital system.  2. At the time of the review, the surveyor interviewed the Director of Performance Improvement and Risk Management (Staff #405) who confirmed the two staff members had lapsed privileges and stated that the third provider's file contained a privilege request form that was outdated, as it did not provide a means to identify the hospital system's multiple locations for the request.	L 460		
L1075	322-170.2G SIGNED ORDERS  WAC 246-322-170 Patient Care Services. (2) The licensee shall provide medical supervision and treatment, transfer, and discharge planning for each patient admitted or retained, including but not limited to: (g) Current written policies and orders signed by a physician to guide the action of staff when medical emergencies or threat to life arise and a physician is not present; This Washington Administrative Code is not met as evidenced by:  Based on record review, interview, and document review, the hospital failed to ensure that licensed providers authenticated telephone orders for seclusion or restraint usage for 4 of 5 records reviewed (Patient #301, #302, #303, #304).	L1075		

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L1075	<p>Continued From page 4</p> <p>Failure to authenticate telephone orders for seclusion or restraint usage puts patients at risk for psychological harm and receiving care not in the manner intended by the licensed provider.</p> <p>Finding included:</p> <p>1. Document review of the hospital's Medical Staff Rules and Regulations, last approved 06/29/17 showed that orders for seclusion and/or restraint shall be signed by the physician within 24 hours of initiation.</p> <p>2. On 12/19/18 at 10:45 AM, Surveyor #3 reviewed the medical records of five patients who were placed in seclusion or restraint during their hospitalization. The review showed:</p> <p>a. Patient #301 is a 59-year old who was physically restrained on 10/30/18 at 3:50 PM for severe agitation. A registered nurse obtained a telephone order from a licensed provider at the time of the incident. No countersignature authentication by a physician verifying the order could be found.</p> <p>b. Patient #302 was physically restrained on 06/05/18 at 4:50 PM for physically assaulting a staff member while attempting to grab their facility access badge. A registered nurse obtained a telephone order from a physician at the time of the incident. No countersignature authentication by the physician verifying the order could be found.</p> <p>c. Patient #303 was placed in seclusion after physically assaulting a staff member on 06/02/18 at 4:15 AM. A registered nurse obtained a telephone order from a physician at the time of</p>	L1075		

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L1075	Continued From page 5  the incident. No countersignature authentication by a physician verifying the order could be found.  d. Patient #304 was physically restrained and placed in mechanical 4-point restraints after wrapping a shower curtain around their head on 04/17/18 at 5:45 PM. A registered nurse obtained a telephone order from a physician at the time of the incident. No countersignature authentication by a physician verifying the order could be found.  3. At the time of review, the nurse manager (Staff #301) confirmed the findings.	L1075			
L1375	322-210.3C PROCEDURES-ADMINISTER MEDS  WAC 246-322-210 Pharmacy and Medication Services. The licensee shall: (3) Develop and implement procedures for prescribing, storing, and administering medications according to state and federal laws and rules, including: (c) Administering drugs; This Washington Administrative Code is not met as evidenced by:  Based on observation and review of hospital policies and procedures, the hospital failed to ensure staff members positively identified patients, by checking two hospital-approved identifiers, prior to medication administration.  Failure to identify patients prior to medication administration can lead to a patient receiving the wrong medication, the wrong dose, at the wrong time resulting in harm and/or death.	L1375			

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L1375	<p>Continued From page 6</p> <p>Findings included:</p> <p>1. Review of the hospital policy titled "Medication Administration," Policy #28, effective 3/1/18, showed that the medication nurse will positively identify the patient before administering medication, identification with two hospital identifiers: ask patient for name (when possible), date of birth, check the patient's photograph, or check the patient's identification band.</p> <p>2. On 12/18/18 at 12:50 PM, Surveyor #10 observed a nurse (Staff #1001) administer medications to patients and observed the following:</p> <p>a. Staff #1001 approached a patient sitting in the day room and only checked the patient's ID band prior to administering oral medication.</p> <p>b. Staff #1001 administered an oral pain medication, after an earlier discussion regarding the patient's pain level, but did not identify the patient at the time of administering the medication.</p> <p>THIS IS A REPEAT CITATION.</p>	L1375		

Redaction Summary ( 0 redactions )

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0 Privilege / Exemption reason used:

Redacted pages: